

CERCLA Off-Site Disposal Report**Information Required for CERCLA Off-Site Waste Management Activities**

1. Site Information

Name: Jefferson Processing
Address: 4243 County Road 74
Mingo Junction, OH 43938

Generator EPA ID#: OHR 000 100 081

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input checked="" type="checkbox"/> Heavy Metals (specify) <u>D004, D008, D010</u>	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input checked="" type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) <u>D019, D039, D043, D030</u>	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☒ 4 Drums
☐ Lab Packs
☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other



7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Michigan Recovery Systems

36345 Van Born

Romulus, MI 48174 MID 060 975 844

8. Receiving Region: 5

9. Receiving Region Off-Site Contact (RROC): Wil Damico

10. Date(s) of Shipments: 10/27/00

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal:

☐ Precipitation
☐ Neutralization
☐ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☒ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:

Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & \$ 540.00

Disposal: _____

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Road 74</u>	<u>OHR 000 100 081</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify)	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input checked="" type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify)	
<u>D001, D002 (Basic)</u>	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify)	

4. Quantity of Waste:

☐ Cubic Yard (yd³)

☐ Gallons (gal)

☒ 1 Drums

☐ Lab Packs

☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

Ep<140 pH.12.5

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Chemical Conservation of GA
612 James P. Rodgers Circle
Valdosta, GA 31601 GAD 093 380 814

8. Receiving Region: 5

9. Receiving Region Off-Site Contact (RROC): Wil Damico

10. Date(s) of Shipments: 10/27/00

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal: _____

☐ Precipitation
☐ Neutralization
☒ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☐ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:
 Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 441.00

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Road 74</u>	<u>OHR 000 100 081</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input checked="" type="checkbox"/> Heavy Metals (specify)	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<u>D009</u>	<input checked="" type="checkbox"/> Solid or solidified
<input type="checkbox"/> Acids	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> PCBs	
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify)	
<u>Non-hazardous or Delisted Wastes (specify)</u>	

4. Quantity of Waste:

☐ Cubic Yard (yd³)

☐ Gallons (gal)

☒ 4 Drums

☐ Lab Packs

☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

Mercury > 2ppm

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Perma-Fix

18550 Allen Rd.

Brownstown, MI 48192 MID 096 963 194

8. Receiving Region: 5

9. Receiving Region Off-Site Contact (RROC): Wil Damico

10. Date(s) of Shipments: 10/27/00

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal:

☐ Precipitation
☐ Neutralization
☐ Incineration
☒ Landfill
☐ Land Treatment
☐ Injection
☐ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:
Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 672.00

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Road 74</u>	<u>OHR 000 100 081</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/>	Removal	<input type="checkbox"/>	Remedial
<input checked="" type="checkbox"/>	Fund-financed	<input type="checkbox"/>	Fund-financed
<input type="checkbox"/>	PRP-financed	<input type="checkbox"/>	PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify)	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input checked="" type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify)	
<u>D001</u>	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify)	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☒ 55 Drums
☐ Lab Packs
☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

Flash Point <140

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Michigan Recovery

36345 Van Born Rd.

Romulus, MI 48174 MID 060 975 844

8. Receiving Region: 5

9. Receiving Region Off-Site Contact (RROC): Wil Damico

10. Date(s) of Shipments: 10/27/00

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation

☐ Neutralization

☐ Solidification

☐ Fixation

☐ Stabilization

12. Final method of treatment/disposal:

☐ Precipitation

☐ Neutralization

☒ Incineration

☐ Landfill

☐ Land Treatment

☐ Injection

☐ Recovery/Reuse

☐ Other (specify) _____

13. If Waste Was Landfilled:

Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & \$ 182.00

Disposal: _____

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Rd. 74</u>	<u>OHR 000 100 081</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/>	Removal	<input type="checkbox"/>	Remedial
<input checked="" type="checkbox"/>	Fund-financed	<input type="checkbox"/>	Fund-financed
<input type="checkbox"/>	PRP-financed	<input type="checkbox"/>	PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify) _____	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input checked="" type="checkbox"/> Solid or solidified
<input checked="" type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) _____	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☒ 20 Cubic Yard (yd³)

☐ Gallons (gal)

☐ Drums

☐ Lab Packs

☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

PCB's >50ppm

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other



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7 Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Chemical Waste Mgt.

1550 Balmer Rd.

Model City, NY 14107 NYD 049 836 679

8. Receiving Region: 2

9 Receiving Region Off-Site Contact (RROC): Joel Golumbek

10. Date(s) of Shipments: 10/25/00

11. Pre-treatment of waste before final treatment/disposal: N/A

 Precipitation

 Neutralization

 Solidification

 Fixation

 Stabilization

12. Final method of treatment/disposal:

 Precipitation

 Neutralization

 Incineration

 X Landfill

 Land Treatment

 Injection

 Recovery/Reuse

 Other (specify) _____

13. If Waste Was Landfilled:

Disposal Cell # or Location: RMU 1

14. Cost of Activities:

Cost Based on Disposal: \$ 1,484

Cost Based on Transportation: \$ 1,155

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Rd. 74</u>	<u>OHS FND 508 038</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify) _____	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
	<input checked="" type="checkbox"/> Solid or solidified
<input type="checkbox"/> Acids	<input type="checkbox"/> Contaminated Soil & Debris
<input checked="" type="checkbox"/> PCBs	
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) _____	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☐ Drums
☐ Lab Packs
☐ 16726 Kg
☒ 5

5. Range, average, and/or representative concentrations of the contaminants of concern:

PCB<500ppm

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Environmental Protection Svcs.

4 Industrial Park Dr.

Wheeling, WV 26003 WVD 988 770 673

8. Receiving Region: 3

9. Receiving Region Off-Site Contact (RROC): Naomi Henry

10. Date(s) of Shipments: 10/24 -10/25

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal:

☐ Precipitation
☐ Neutralization
☐ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☒ Recovery/Reuse
☐ Other (specify)

13. If Waste Was Landfilled:

Disposal Cell # or Location:

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 800

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4243 County Rd. 74</u>	<u>OHS FND 508 038</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify)	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input checked="" type="checkbox"/> Solid or solidified
<input checked="" type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify)	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify)	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☐ Drums
☐ Lab Packs
☒ 1725 Kilograms

5. Range, average, and/or representative concentrations of the contaminants of concern:

>500ppm PCB

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Environmental Protection Svcs.
4 Industrial Park Dr.
Wheeling, WV 26003 WVD 988 770 673

8. Receiving Region: 3

9. Receiving Region Off-Site Contact (RROC): Naomi Henry

10. Date(s) of Shipments: 10/19, 10/24

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal: _____

☐ Precipitation
☐ Neutralization
☐ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☒ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:
 Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 36,600

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name: Jefferson Processing
 Address: 4243 County Rd. 74
Mingo Junction, OH 43938

Generator EPA ID#: _____
OHS FN0 508 038

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify) _____	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
<input type="checkbox"/> Acids	<input type="checkbox"/> Solid or solidified
<input checked="" type="checkbox"/> PCBs	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) _____	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☒ 41 Drums
☐ Lab Packs
☐ Tons/Pounds (lbs)

5. Range, average, and/or representative concentrations of the contaminants of concern:

PCB > 500ppm

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other



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7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Chemical Waste Mgt.

Hwy. 73 3.5 miles W. of Taylers Bayou

Port Arthur, TX 77640

8. Receiving Region: 6

9. Receiving Region Off-Site Contact (RROC): Ron Shannon

10. Date(s) of Shipments: 10/4/00

11. Pre-treatment of waste before final
treatment/disposal:

N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal:

☐ Precipitation
☐ Neutralization
☒ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☐ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:
Disposal Cell # or Location: _____

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 11,275

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4234 County Rd. 74</u>	<u>OHS FNO 508 038</u>
	<u>Mingo Juntion, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify)	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> Acids	<input type="checkbox"/> Contaminated Soil & Debris
<input type="checkbox"/> PCBs	
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify)	
<input checked="" type="checkbox"/> Non-hazardous or Delisted Wastes (specify)	
<u>Transformer Oil <50ppm PCB</u>	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☐ Drums
☐ Lab Packs
☒ 31643 Kilograms

5. Range, average, and/or representative concentrations of the contaminants of concern:

<50ppm PCB

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other



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7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

_____ Safety-Kleen (PPM)
 _____ 1875 Forge St.
 _____ Tucker, GA 30087 GAD 980 839 187

8. Receiving Region: 4

9. Receiving Region Off-Site Contact (RROC): Jack Cowart

10. Date(s) of Shipments: 8/30/00

11. Pre-treatment of waste before final treatment/disposal: N/A

_____ Precipitation
 _____ Neutralization
 _____ Solidification
 _____ Fixation
 _____ Stabilization

12. Final method of treatment/disposal: _____

_____ Precipitation
 _____ Neutralization
 _____ Incineration
 _____ Landfill
 _____ Land Treatment
 _____ Injection
 _____ ☒ Recovery/Reuse
 _____ Other (specify) _____

13. If Waste Was Landfilled:
 Disposal Cell # or Location: N/A

14. Cost of Activities:

Cost Based Transportation & Disposal: \$ 2,333

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1 Site Information

Name: Jefferson Processing
 Address: 4234 County Rd. 74
Mingo Junction

Generator EPA ID#: _____
OHS FNO 508 038

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify) _____	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> Acids	<input type="checkbox"/> Contaminated Soil & Debris
<input checked="" type="checkbox"/> PCBs	
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) _____	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☐ Drums
☐ Lab Packs
☒ 66178 Kilograms

5. Range, average, and/or representative concentrations of the contaminants of concern:

>50, <500ppm PCB

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Safety-Kleen
1875 Forge St.
Tucker, GA 30084 GAD 980 839 187

8. Receiving Region: 4

9. Receiving Region Off-Site Contact (RROC): Jack Cowart

10. Date(s) of Shipments: 8/26-8/28/00

11. Pre-treatment of waste before final treatment/disposal: N/A

 Precipitation
 Neutralization
 Solidification
 Fixation
 Stabilization

12. Final method of treatment/disposal: _____

 Precipitation
 Neutralization
 Incineration
 Landfill
 Land Treatment
 Injection
 X Recovery/Reuse
 Other (specify) _____

13. If Waste Was Landfilled:
Disposal Cell # or Location: N/A

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 19,550

CERCLA Off-Site Disposal Report

Information Required for CERCLA Off-Site Waste Management Activities

1. Site Information

Name:	<u>Jefferson Processing</u>	Generator EPA ID#:
Address:	<u>4234 County Rd. 74</u>	<u>OHS FNO 508 038</u>
	<u>Mingo Junction, OH 43938</u>	

2. Type of Action (check two):

<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Remedial
<input checked="" type="checkbox"/> Fund-financed	<input type="checkbox"/> Fund-financed
<input type="checkbox"/> PRP-financed	<input type="checkbox"/> PRP-financed

3. Type (check one) and Form (check one) of Waste; if more than one type, attach separate sheet for this and remaining questions for each type:

Type:	Form:
<input type="checkbox"/> Solvents	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Dioxins/furans	<input checked="" type="checkbox"/> Liquid Waste
<input type="checkbox"/> Cyanides	<input type="checkbox"/> Organic Sludge (> 1% solid)
<input type="checkbox"/> Heavy Metals (specify) _____	<input type="checkbox"/> Inorganic Sludge (< 1% TOC)
	<input type="checkbox"/> Solid or solidified
<input type="checkbox"/> Acids	<input type="checkbox"/> Contaminated Soil & Debris
<input checked="" type="checkbox"/> PCBs	
<input type="checkbox"/> Halogenated Organics	
<input type="checkbox"/> Other RCRA Listed Hazardous Wastes (specify) _____	
<input type="checkbox"/> Non-hazardous or Delisted Wastes (specify) _____	

4. Quantity of Waste:

☐ Cubic Yard (yd³)
☐ Gallons (gal)
☐ Drums
☐ Lab Packs
☒ 19342 Kilograms

5. Range, average, and/or representative concentrations of the contaminants of concern:

PCB>500 ppm

6. Pre-treatment of waste on-site before transportation:

N/A

<input type="checkbox"/> Precipitation	<input type="checkbox"/> Fixation
<input type="checkbox"/> Neutralization	<input type="checkbox"/> Stabilization
<input type="checkbox"/> Solidification	<input type="checkbox"/> Other

7. Receiving RCRA Facility Name/Location/ID Number/Unit(S):

Safety-Kleen
2027 Battleground Rd.
Deerpark, TX 77536 TXD 055 141 378

8. Receiving Region: 6

9. Receiving Region Off-Site Contact (RROC): Ron Shannon

10. Date(s) of Shipments: 8/26/00

11. Pre-treatment of waste before final treatment/disposal: N/A

☐ Precipitation
☐ Neutralization
☐ Solidification
☐ Fixation
☐ Stabilization

12. Final method of treatment/disposal: _____

☐ Precipitation
☐ Neutralization
☒ Incineration
☐ Landfill
☐ Land Treatment
☐ Injection
☐ Recovery/Reuse
☐ Other (specify) _____

13. If Waste Was Landfilled:
Disposal Cell # or Location: N/A

14. Cost of Activities:

Cost Based on Transportation & Disposal: \$ 19,159.52